Basketball and Cheerleading Sign-Ups 2018-19

Basketball is offered for boys and girls in grades 3-8 and cheerleading is offered for girls in grades 3-8. Players must complete the CYO registration forms and bring the forms to the registration date. A copy of the registration form is attached. Additional forms are available at the school. All students interested in signing up for CYO basketball and cheerleading must attend sign-ups: **Sunday, October 7th from 9-10:30 A.M.** NO FORMS OR FEES MAY BE SENT TO THE SCHOOL. This year the fee for basketball is $80. The fee for cheerleading is $50. All paperwork, physicals, and fees must be turned in at sign-ups or your child will not be added to the rosters. **NO EXCEPTIONS**.

A physical dated after March 31st, 2018, is also required for each participant. If your child has had a physical after this date, please provide a copy. This includes those that are playing CYO football for other schools. First time CYO athletes must also provide a copy of their birth certificate.

Anyone interested in coaching MUST be VIRTUS trained. A VIRTUS training session will take place at St. Augustine on Saturday, October 20. This will be the most convenient session if you plan to coach. Coaches also must have a current background check or be willing to submit to one. Background checks are paid for by St. Augustine.

CYO ONLINE ROSTER ATHLETE DATA FORM

The data below is needed for the on-line roster.
Please collect this information from each participant.

ATHLETE FIRST NAME	**ATHLETE LAST NAME**
GUARDIAN ADDRESS	**GUARDIAN CITY**
GUARDIAN STATE	**GUARDIAN ZIP CODE**
GUARDIAN HOME PHONE	**GUARDIAN WORK PHONE**
WORK EXTENSION	**GUARDIAN MOBILE PHONE**
GUARDIAN EMAIL	**ATHLETE BIRTHDATE**
GENDER	**COUNTY OF RESIDENCE** ☐ Cuyahoga ☐ Geauga ☐ Lake ☐ Lorain ☐ Medina ☐ Summit ☐ Wayne ☐ Other
ATHLETE GRADE	**RELIGION** ☐ Catholic ☐ Other
RACE ☐ White/Caucasian ☐ African American ☐ Asian/Pacific Islander ☐ Latino/Hispanic ☐ American Indian/Eskimo/Aleutian ☐ Other	**ATHLETE ELIGIBILITY** ☐ Member of Parish Sponsoring Team ☐ Enrolled in School Sponsoring Team ☐ Eligibility Request Form (ERF) Submission
ATHLETE PHYSICAL EXAM DATE	**ATHLETE SCHOOL**
ATHLETE PARISH	**GUARDIANS NAMES**

YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE – CYO ATHLETIC PREPARTICIPATION FORM

(PLEASE TYPE OR PRINT)

STUDENT'S NAME _____ BIRTH DATE_____ SEX ____ GRADE _____
LAST FIRST

ADDRESS_____ SCHOOL _____
STREET C ITY ZIP

PARISH _____ PARISH CITY _____

PARENT/GUARDIAN(S) NAME _____ EMAIL _____

MOBILE/WORK TELEPHONE NO. _____HOME TELEPHONE NO._____

Carefully complete the following questions before your physical exam. Explain "YES" answers below.	YES	NO
1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?	☐	☐
2. Is this athlete now under the care of a physician or taking any medication?	☐	☐
3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?	☐	☐
4. Does this athlete have any known allergies? (medication, pollen, food, stinging insects)	☐	☐
5. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES"	☐	☐
6. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity?	☐	☐
7. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur?	☐	☐
8. Has this athlete ever had a head injury or concussion?	☐	☐
9. Has this athlete ever had a seizure?	☐	☐
10. Does this athlete use special protective/corrective equipment that isn't usually used? (For example knee brace, ankle brace, foot orthotics, hearing aid, etc.)	☐	☐
11. Does this athlete lose weight regularly to meet weight requirements for the sport?	☐	☐

Explain any YES answers: _____

I/we, the undersigned consent to the participation of the above-named child in CYO athletics including practice sessions, scrimmages and athletic contests. In consideration of participation in these programs, and wishing to promote and benefit this non-profit cause, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the Catholic Charities Corporation dba Catholic Charities, Diocese of Cleveland (CCDC), the Bishop of the Catholic Diocese of Cleveland , the Catholic Diocese of Cleveland, sponsoring Parishes/Schools and any of their agents, representatives, employees, volunteers, successors or assigns for my health, safety or any injury and/or disability arising out of or resulting from: (CHECK all programs that apply)

☐ CROSS COUNTRY ☐ FOOTBALL ☐ VOLLEYBALL ☐ SOCCER ☐ CHEERLEADING

☐ BASKETBALL ☐ WRESTLING ☐ BASEBALL ☐ SOFTBALL ☐ TRACK & FIELD

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including loss of life, damages or loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such program. The undersigned acknowledge that the participant has prepared for the sport in which participating by adequately conditioning and practicing. I/we hereby represent that I have no physical restrictions that would prohibit my participation in the sport that I have selected. The Youth & Young Adult Ministry and CYO Office has my permission to have a physician attend me if deemed necessary during my participation in this CYO program.

I/We also give permission and authorize CCDC, it agents, employees, successors and assigns to photograph or otherwise electronically or digitally record my image, or that of my child for which I am guardian participating in these athletic programs for the publication in printed or electronic form to be seen and disseminated to the general public in any media including CCDC newsletter, poster, display, film, video or website.

I/we further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the CCDC, Youth & Young Adult Ministry and CYO Office and its officers, agents, servants, volunteers and employees from any and all claims resulting from injuries, including loss of life, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

Participants Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

This athlete has family medical insurance: ☐ YES ☐ NO If yes, the Child is covered by:

INSURANCE COMPANY: _____ **POLICY NO.** _____ **EFFECTIVE DATE:** _____

HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAM

STUDENT'S HEIGHT _____ **WEIGHT** _____ **BP** _____ **PULSE** _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

*Station-based examination only.

OPTIONAL TESTS
URINALYSIS
ALBUMIN _____
SUGAR _____
MICRO (IF ABOVE TEST ABNORMAL)
_____
BLOOD COUNT
(FOR FEMALES)
HGB. _____
OR
HCT. _____

SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES☐ NO☐

RECOMMENDATIONS: _____

_____

_____

PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NO TE EXCEPTIONS IN RECOMMENDATIONS AREA)

PHYSICIAN'S SIGNATURE_____

PHYSICIAN'S TELEPHONE NO. _____ **DATE**_____

EMERGENCY MEDICAL AUTHORIZATION

Student Name

Address

Telephone

NAME: Last First

BIRTHDATE:

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED
PART I TO GRANT CONSENT

In the event reasonable attemptsto contact me at _____(phone number) or _____(other parentor guardian) at _____ (phone number) have been unsuccessful, I hereby give myconsent or: (1) the administration of any treatment deemed necessaryby Dr._____(physician & phone number) or Dr. _____ (dentist & phone number), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to whicha physician shouldbe alerted: _____

_____

_____

_____

_____ _____

Date Signature of Parent or Guardian

_____

Address

DO NOT COMPLETE PART II IFYOU COMPLETED PART I
PART II REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment ofmy child, in the event ofillness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____

_____

_____

_____ _____

Date Signature of Parent or Guardian

_____

Address